

MAR 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Richards
 Township Green
 City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 362
 Primary Registration District No. 5507

File No. 6044
 Registered No. _____

2. FULL NAME

Sophronia S. Johnson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF William C. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 2, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
94 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky13. NAME Messina Pitts14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Mary Ann Gauding16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT John M. Johnson (ADDRESS) Pittsburg, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Pine Tree Cemetery DATE Dec. 9, 193619. UNDERTAKER Hutchinson Blue (ADDRESS) Bellevue, Mo.20. FILED 2-22 1937 John P. Dennis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 193622. I HEREBY CERTIFY, That I attended deceased from Oct 10 36 Dec 8 36I last saw her alive on Dec 5 1936 Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertension & Kidney Date of onset 1/5/35Other contributory causes of importance: Endocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: _____

Nature of injury: _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) L. A. Blosser, M. D.(Address) Jefferson

